

Please type a plus sign (+) inside this box → 

PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION**  
(37 CFR 1.63)

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	EPI-00311
First Named Inventor	Jonathan W. Nyce
<b>COMPLETE IF KNOWN</b>	
Application Number	09/841,426
Filing Date	April 24, 2001
Group Art Unit	1614
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Compositions & Formulations With An Epiandrosterone Or A Ubiquinone, & Their Use For Treatment Of Asthma Symptoms & Reducing Adenosine/Adenosine Receptor Levels**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

04/24/2001

as United States Application Number or PCT International

(if applicable).

Application Number

09/841,426

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
09/488,236	U.S.	20-1-2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08/881,962 Pat. 6,087,351	U.S.	22-5-1997	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08/393,883 Pat. 5,660,835	U.S.	24-2-1995	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box → 

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label **000026380** OR  Correspondence address below

Name

Address

Address

City

State

ZIP

Country

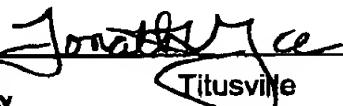
Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Jonathan W.	Family Name or Surname	Nyce
---	-------------	---------------------------	------

Inventor's Signature		Date
-------------------------	---	------

Residence: City	Titusville	State	NJ	Country	US	Citizenship	US
-----------------	------------	-------	----	---------	----	-------------	----

Mailing Address	EpiGenesis Pharmaceuticals, Inc.						
-----------------	----------------------------------	--	--	--	--	--	--

Mailing Address	7 Clarke Drive						
-----------------	----------------	--	--	--	--	--	--

City	Cranbury	State	NJ	ZIP	08512	Country	US
------	----------	-------	----	-----	-------	---------	----

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
---	---------------------------

Inventor's Signature	Date
-------------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address
-----------------

Mailing Address
-----------------

City	State	ZIP	Country
------	-------	-----	---------

Additional inventors are being named on the  supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.